



Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: Add infiltration galleries 1 and 2 as PODs to Certificate 00848

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 9/4/13
CHECK NO. 1446 FEE \$ 1000.00
DATE ACCEPTED 9/4/13 BY jd
CHANGE NO. OKAN-13-03
COUNTY Okanogan WRIA CS4-SWC00848e1
SPECIAL AREA 54*00705CWRI5
SEPA: ☐ EXEMPT ☒ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 00705 PERMIT NO. 00819
CERT NO. 00848 CERT OF CHG NO. _____

☒ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME U.S. Fish and Wildlife Service	PHONE NO. 503-231-6206	FAX NO.
ADDRESS Engineering Division/Water Resources Branch 911 N.E. 11th Ave		
CITY Portland	STATE OR	ZIP CODE 97232
EMAIL ADDRESS (IF AVAILABLE) sheila_strachan@fws.gov		

CONTACT (IF DIFFERENT FROM ABOVE) alternate contact: Tim Mayer	PHONE NO. 503-231-2395	FAX NO.
ADDRESS Engineering Division/Water Resources Branch 911 N.E. 11th Ave		
CITY Portland	STATE OR	ZIP CODE 97232
EMAIL ADDRESS (IF AVAILABLE) tim_mayer@fws.gov		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE US Fish and Wildlife Service	PHONE NO.	FAX NO.
ADDRESS 453A Twin Lakes Road		
CITY Winthrop	STATE WA	ZIP CODE 98862
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER Certificate 00848	RECORDED NAME(S) US Dept of Fish and Wildlife
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SEE ATTACHED Section 2. copies of water use reports to WA ECY 2007-2011	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.
Also, if you have a water system plan or conservation plan, please include a copy with your application.

ECY 040-1-97 (Rev. 02/12)

OKAN-13-03

CS4-SWC00848e1

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Methow River (Foghorn Ditch)		SE	NE	4	34N	21E		n/a
Infiltration Gallery 3		NW	SE	3	34N	21E	3421030033	n/a

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Add Infiltration Galley 1		NE	SE	3	34N	21E		n/a
Add Infiltration Gallery 2		NE	SE	3	34N	21E		n/a

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. SEE ATTACHED Section 3 Table 1 Summary of wells in the vicinity of Winthrop Fish Hatchery.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Fish propagation POD Methow River (Foghorn Ditch)	40 cfs		Jan 1-Dec 31
Fish propagation POD Infiltration Gallery 3	10 cfs		Jan 1-Dec 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Fish propagation POD Methow River (Foghorn Ditch)	29.86		Jan 1-Dec 31
Fish propagation POD Infiltration Gallery 3	10 cfs		Jan 1-Dec 31
Fish Propagation (Infiltration Gallery 1)	2.9 cfs		Jan 1-Dec 31
Fish Propagation (Infiltration Gallery 2)	7.24 cfs		Jan 1-Dec 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
see attached Place of Use Legal Description							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
same as existing							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

See attached maps 1 and 2.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ ES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): S4-*00705CWRIS,G4-*11685CWRIS,G4-*08664CWRIS,G4-29151, G4-29152

6. Remarks and Other Relevant Information:

With this application USFWS seeks to add infiltration Galleries 1 and 2 as points of diversion for Certificate 848.
See attached.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Sheila Strachan (agent for USFWS)

Applicant Printed Name - Title

SHEILA STRACHAN

Applicant Signature

Digitally signed by SHEILA STRACHAN
DN: cn=Sheila Strachan, o=U.S. Fish and Wildlife Service, ou=USFWS, email=ss@usfws.gov, c=US
Date: 2013.08.22 14:36:19 -0700

____/____/____
(Date)

Tim Mayer (agent for USFWS)

Water Right Holder Printed Name

TIMOTHY MAYER

Water Right Holder Signature

Digitally signed by TIMOTHY MAYER
DN: cn=Timothy Mayer, o=U.S. Fish and Wildlife Service, ou=USFWS, email=tmayer@usfws.gov, c=US
Date: 2013.08.22 14:36:19 -0700

____/____/____
(Date)

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

____/____/____
(Date)

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

____/____/____
(Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____